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## FEC FORM 2

## STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full)                  |                  |                |                |                   |                                   |                |         |           |
|----|--|------------------|----------------|----------------|-------------------|-----------------------------------|----------------|---------|-----------|
|    | Pallotta, Frank, , ,                             |                  |                |                |                   | 100 81                            |                |         |           |
|    | (b) Address (number and street)<br>5 May Court   | □С               | heck if addre  | ss changed     |                   | 2. Candidate's FEC Idea H0NJ05174 | ntification Nu | ımber   |           |
|    | (c) City, State, and ZIP Code                    |                  |                |                |                   | 3. Is This No                     | ew             | 14      | Amended   |
|    | Mahwah   |                  | N              | J 0743         | 0                 | Statement (N                      | l) OR          | ×       | (A)       |
| 4. | Party Affiliation                                | 5. Office Soug   | jht            |                |                   | rict of Candidate                 |                |         |           |
|    | REPUBLICAN PARTY                                 | House            |                |                | NJ                | 05                                |                |         |           |
|    | DE   | SIGNATIO         | N OF PR        | INCIPAL        | CAMPAIGN          | N COMMITTEE                       |                |         |           |
| 7. | I hereby designate the following nar             | ned political co | mmittee as n   | ny Principal   | Campaign Comn     | nittee for the 2022 (year of elec | election)      | n(s).   |           |
|    | NOTE: This designation should be f               | iled with the ap | propriate offi | ce listed in t | he instructions.  |                                   |                |         |           |
|    | (a) Name of Committee (in full)                  |                  |                |                |                   |                                   |                |         |           |
|    | Pallotta for Congres                             | S                |                |                |                   |                                   |                |         |           |
|    | (b) Address (number and street)<br>PO Box 8656   |                  |                |                |                   |                                   |                |         |           |
|    | (c) City, State, and ZIP Code                    |                  |                |                |                   |                                   |                |         |           |
|    | Somerville                                       |                  |                |                | NJ                | 08876                             |                |         |           |
| 8. | I hereby authorize the following name candidacy. | ·                |                |                | ng Representative | •                                 | pend funds o   | on beh  | alf of my |
|    | NOTE: This designation should be f               | led with the pr  | incipal campa  | aign committ   | ee.               |                                   |                |         |           |
|    | (a) Name of Committee (in full)  TAKE BACK THE H | OUSE 20          | )22            |                |                   |                                   |                |         |           |
|    | (b) Address (number and street)<br>PO BOX 30844  |                  |                |                |                   |                                   |                |         |           |
|    | (c) City, State, and ZIP Code                    |                  |                |                |                   |                                   |                |         |           |
|    | BETHESDA   |                  |                |                | MD                | 20824                             |                |         |           |
|    | I certify that I have exa                        | mined this Sta   | tement and to  | the best of    | my knowledge a    | nd belief it is true, correct     | and comple     | te.     | '         |
| Si | gnature of Candidate                             |                  |                |                |                   | Date                              |                |         |           |
| Po | allotta, Frank, , ,                              |                  |                | [Elec          | tronically Filed] | 08/25/2022                        |                |         |           |
| NO | OTE: Submission of false, erroneous,             | or incomplete    | information r  | nay subject    | the person signin | ng this Statement to penal        | ties of 2 U.S  | .C. §4: | 37g.      |
|    |  |                  |                |                |                   |                                   |                |         |           |
|    |  |                  |                |                |                   |                                   |                |         |           |

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

| Page | <sup>2</sup> of | 2 |  |
|------|-----------------|---|--|
| raue | OI              |   |  |

## **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

(Including Joint Fundraising Representatives)

| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.                          |  |  |  |  |  |  |  |  |  |
|----|---|--|--|--|--|--|--|--|--|--|
|    | (a) Name of Committee (in full)   |  |  |  |  |  |  |  |  |  |
|    | Pallotta for NJ-05  |  |  |  |  |  |  |  |  |  |
|    | (b) Address (number and street) PO Box 30844  |  |  |  |  |  |  |  |  |  |
|    | (c) City, State, and ZIP Code   |  |  |  |  |  |  |  |  |  |
|    | Bethesda MD 20824   |  |  |  |  |  |  |  |  |  |
| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.                          |  |  |  |  |  |  |  |  |  |
|    | (a) Name of Committee (in full)   |  |  |  |  |  |  |  |  |  |
|    | (b) Address (number and street)   |  |  |  |  |  |  |  |  |  |
|    | (c) City, State, and ZIP Code   |  |  |  |  |  |  |  |  |  |
| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.  (a) Name of Committee (in full) |  |  |  |  |  |  |  |  |  |
|    | (b) Address (number and street)   |  |  |  |  |  |  |  |  |  |
|    | (c) City, State, and ZIP Code   |  |  |  |  |  |  |  |  |  |
| 8. | I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.                          |  |  |  |  |  |  |  |  |  |
|    | (a) Name of Committee (in full)   |  |  |  |  |  |  |  |  |  |
|    | (b) Address (number and street)   |  |  |  |  |  |  |  |  |  |
|    | (c) City, State, and ZIP Code   |  |  |  |  |  |  |  |  |  |